

MULTIPLE-DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">107 31571</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS							TOTAL CLAIMS						